



MANAGED CARE OMBUDSMAN PROGRAM QUARTERLY REPORT

Year 5, Quarter 2
(July 1 - September 30, 2020)

EXECUTIVE SUMMARY

The Office of the State Long-Term Care Ombudsman's Managed Care Ombudsman Program advocates to resolve managed care issues on behalf of Medicaid managed care members who receive care in a health care facility, assisted living program, elder group home, or who are enrolled in one of the seven home and community-based services (HCBS) waiver programs. The waiver programs include: AIDS/HIV Waiver, Brain Injury Waiver, Children's Mental Health Waiver, Elderly Waiver, Health and Disability Waiver, Intellectual Disability Waiver and Physical Disability Waiver.

The Managed Care Ombudsman Program's monthly and quarterly reports report cases and complaints from the managed care members this Office serves.

In July managed care ombudsman worked on complaints from 46 individual members. In August managed care ombudsman worked on complaints from 47 individual members. In September managed care ombudsman worked on complaints from 53 individual members.

The issues identified for this second quarter are the primary managed care member issues addressed in July, August and September 2020. During Quarter 2-Year 5 of Medicaid managed care, the primary issues reported to the Managed Care Ombudsman Program by managed care members included:

1. Access to Services/Benefits. Members again report issues with accessing services and benefits for the second quarter of year 5 of Medicaid managed care. This was also a primary issue members reported during Quarter 1-Year 5.
2. Member Rights. Complaints under member rights include issues such as a member charged improper cost sharing, and member access to information or information sharing.
3. Services Reduced, Denied or Terminated. Services reduced denied or terminated is a frequent complaint received from members. Members report reductions or denials in their HCBS waiver services.

The report that follows includes an overview of the second programmatic quarter of Year 5 (July, August, and September 2020), as well as an update on the program.

For further information, please contact the Managed Care Ombudsman Program at (866) 236-1430 or managedcareombudsmanprogram@iowa.gov.

MEMBER ASSISTANCE

Members per MCO in process July 2020	Amerigroup Iowa	13
	Iowa Total Care	32
	Fee for Service	1
Referrals per Entity¹	Department of Human Services	-
	Department of Inspections and Appeals	-
	Disability Rights Iowa	4
	Iowa Compass	-
	Iowa Legal Aid	1
	LifeLong Links	-
	MCO	-
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	-
	Other	1
Grievances/Appeals/Fair Hearings	Grievance assistance	3
	Appeals assistance	1
	Fair Hearing assistance	-

Members per MCO in process August 2020	Amerigroup Iowa	31
	Iowa Total Care	14
	Fee for Service	2
Referrals per Entity¹	Department of Human Services	-
	Department of Inspections and Appeals	-
	Disability Rights Iowa	2
	Iowa Compass	-
	Iowa Legal Aid	1
	LifeLong Links	-
	MCO	1
	Medicaid Fraud Control Unit	
	Provider	
	Senior Health Insurance Information Program	-
	State Ombudsman Office	4
	Other	-
Grievances/Appeals/Fair Hearings	Grievance assistance	3
	Appeals assistance	-
	Fair Hearing assistance	2

¹ Referrals per Entity: Referrals made to external organizations that provide services beyond the scope of the program.

MEMBER ASSISTANCE

Members per MCO* in process September 2020	Amerigroup Iowa	35
	Iowa Total Care	15
	Fee for Service	2
Referrals per Entity¹	Department of Human Services	-
	Department of Inspections and Appeals	-
	Disability Rights Iowa	7
	Iowa Compass	-
	Iowa Legal Aid	-
	LifeLong Links	-
	MCO	-
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	2
	Other	1
Grievances/Appeals/Fair Hearings	Grievance assistance	2
	Appeals assistance	6
	Fair Hearing assistance	1

¹ Referrals per Entity: Referrals made to external organizations that provide services beyond the scope of the program.

Thank all of you who have supported my mother, [member]. [Family member] am currently working with a supervisor named at Logisticare who has been great making sure mom's transportation needs are being taken care of. Supervisor has even did follow up calls to make sure my mother, [member], is still receiving great transportation. Again, Thank you all!

~Daughter of Member

Complaint(s) Resolution by Program Type

Amerigroup Iowa July, August and September	Fully or partially resolved to Member's satisfaction			Not resolved to Member's satisfaction			No action needed or appropriate			Open			Total
	J	A	S	J	A	S	J	A	S	J	A	S	
AIDS/HIV Waiver													
Brain Injury Waiver	7		3							2		3	15
Children's Mental Health Waiver													
Dental													
Duals													
Elderly Waiver	2	4	13							5	1	6	31
Habilitation											3		3
Health & Disability Waiver	16	8	7					4		5	3	7	50
HIPP													
Institutional Care													
Iowa Health & Wellness													
Intellectual Disability Waiver	2	1	26							10	6	2	47
Medicare													
PACE													
Physical Disability Waiver			-										
QMB or SLMB													
Traditional Medicaid													
Other	1	4	-					2		1		6	14
N/A													
Unknown													
TOTAL:	28	17	49	0	0	0	0	0	6	23	13	24	160

Fee for Service July, August and September	Fully or partially resolved to Member's satisfaction			Not resolved to Member's satisfaction			No action needed or appropriate			Open			Total
	J	A	S	J	A	S	J	A	S	J	A	S	
AIDS/HIV Waiver													
Brain Injury Waiver													
Children's Mental Health Waiver													
Dental													
Duals													
Elderly Waiver													
Habilitation													
Health & Disability Waiver													
HIPP													
Institutional Care													
Iowa Health & Wellness													
Intellectual Disability Waiver													
Medicare													
PACE													
Physical Disability Waiver													
QMB or SLMB													
Traditional Medicaid													
Other						3				1	3		7
N/A													
Unknown													
TOTAL:	0	0	0	0	0	3	0	0	0	1	3	0	7

Complaint(s) Resolution by Program Type

Iowa Total Care July, August and September	Fully or partially resolved to Member's satisfaction			Not resolved to Member's satisfaction			No action needed or appropriate			Open			Total
	J	A	S	J	A	S	J	A	S	J	A	S	
AIDS/HIV Waiver													
Brain Injury Waiver								4				5	9
Children's Mental Health Waiver													
Dental													
Duals													
Elderly Waiver	2	3	2				3					7	17
Habilitation													
Health & Disability Waiver												3	3
HIPP													
Institutional Care													
Iowa Health & Wellness													
Intellectual Disability Waiver			6							4	1	4	15
Medicare													
PACE													
Physical Disability Waiver			6									2	8
QMB or SLMB													
Traditional Medicaid													
Other	1	2	2							5	3		13
N/A													
Unknown													
TOTAL:	3	5	16	0	0	0	3	0	4	9	4	21	65

COMPLAINTS & CASES

JULY

In July the Managed Care Ombudsman Program worked on complaints from 46 individual members. Out of the 38 active cases, 13 are newly opened. The top complaint from managed care members in July was in regard to Access to Services/Benefits (24 members). Additional complaints include:

All open cases:

Case Management (7 members) Access to Services/Benefits (20 members) Services reduced, denied or terminated (12 members) CCO & CDAC (13 members) Transition services/coverage gap, inadequate or inaccessible (6 members) Other (1 member) Member Rights (11 members) Level of Care (8 members) NOD, Appeals, Fair Hearing (4 members) Complaints against provider (8 members) Eligibility & Enrollment (2 members) Care Planning (11 members) Access to durable medical equipment and medications (6 members) Discharge (3 members) Transportation (3 members) Home and vehicle modifications (8 members) Member Relations & Grievances (9 members) Guardianship (0 members) Exception to Policy (6 members) Prior Authorization (2 members) Network Adequacy (5 members) COVID-19 (8 members)

Closed cases:

Case Management (2 members) Access to Services/Benefits (4 members) Services reduced, denied or terminated (3 members) CCO & CDAC (3 members) Transition services/coverage gap, inadequate or inaccessible (1 member) Other (0 members) Member Rights (1 member) Level of Care (2 members) NOD, Appeals, Fair Hearing (2 members) Complaints against provider (1 member) Eligibility & Enrollment (0 members) Care Planning (4 members) Access to durable medical equipment and medications (2 members) Discharge (0 members) Transportation (2 members) Home and vehicle modifications (0 members) Member Relations & Grievances (1 member) Guardianship (1 member) Exception to Policy (1 member) Prior Authorization (1 member) Network Adequacy (0 members) COVID-19 (1 member)

AUGUST

In August the Managed Care Ombudsman Program worked on complaints from 47 individual members. Out of the 37 active cases, 8 are newly opened. The top complaint from managed care members in August was in regard to Access to Services/Benefits (23 members). Additional complaints include:

All open cases:

Case Management (11 members) Access to Services/Benefits (20 members) Services reduced, denied or terminated (13 members) CCO & CDAC (11 members) Transition services/coverage gap, inadequate or inaccessible (5 members) Other/ Housing and providers not being paid (4 members) Member Rights (14 members) Level of Care (5 members) NOD, Appeals, Fair Hearing (4 members) Complaints against provider (7 members) Eligibility & Enrollment (4 members) Care Planning (10 members) Access to durable medical equipment and medications (9 members) Discharge (4 members) Transportation (4 members) Home and vehicle modifications (10 members) Member Relations & Grievances (8 members) Guardianship (1 member) Exception to Policy (8 members) Prior Authorization (4 members) Network Adequacy (5 members) COVID-19 (5 members)

COMPLAINTS & CASES

Closed cases:

Case Management (2 members) Access to Services/Benefits (3 members) Services reduced, denied or terminated (1 member) CCO & CDAC (2 members) Transition services/coverage gap, inadequate or inaccessible (2 members) Other/ Housing and providers not being paid (1 member) Member Rights (0 members) Level of Care (1 member) NOD, Appeals, Fair Hearing (1 member) Complaints against provider (2 members) Eligibility & Enrollment (0 members) Care Planning (3 members) Access to durable medical equipment and medications (0 members) Discharge (0 members) Transportation (0 members) Home and vehicle modifications (0 members) Member Relations & Grievances (1 member) Guardianship (0 members) Exception to Policy (0 members) Prior Authorization (0 members) Network Adequacy (0 members) COVID-19 (2 members)

SEPTEMBER

In September the Managed Care Ombudsman Program worked on complaints from 53 individual members. Out of the 34 active cases, 14 are newly opened. The top complaint from managed care members in September was in regard to Access to Services/Benefits (22 members). Additional complaints include:

All open cases:

Case Management (7 members) Access to Services/Benefits (16 members) Services reduced, denied or terminated (13 members) CCO & CDAC (17 members) Transition services/coverage gap, inadequate or inaccessible (6 members) Other/Member charged improper cost sharing or waiting on CDAC staff to be approved (1 member) Member Rights (12 members) Level of Care (8 members) NOD, Appeals, Fair Hearing (3 members) Complaints against provider (6 members) Eligibility & Enrollment (1 member) Care Planning (9 members) Access to durable medical equipment and medications (8 members) Discharge (4 members) Transportation (3 members) Home and vehicle modifications (11 members) Member Relations & Grievances (7 members) Guardianship (0 members) Exception to Policy (8 members) Prior Authorization (1 member) Network Adequacy (3 members) COVID-19 (8 members)

Closed cases:

Case Management (4 members) Access to Services/Benefits (6 members) Services reduced, denied or terminated (6 members) CCO & CDAC (3 members) Transition services/coverage gap, inadequate or inaccessible (2 members) Other/Member charged improper cost sharing or waiting on CDAC staff to be approved (1 member) Member Rights (4 members) Level of Care (1 member) NOD, Appeals, Fair Hearing (6 members) Complaints against provider (1 member) Eligibility & Enrollment (3 members) Care Planning (2 members) Access to durable medical equipment and medications (3 members) Discharge (2 members) Transportation (0 members) Home and vehicle modifications (2 members) Member Relations & Grievances (3 members) Guardianship (2 members) Exception to Policy (3 members) Prior Authorization (1 member) Network Adequacy (1 member) COVID-19 (2 members)

MANAGED CARE OMBUDSMAN PROGRAM TRENDS

In addition to tracking member issues on a monthly basis, the Managed Care Ombudsman Program documents and tracks trends discussed by members. Issues and trends identified this quarter included:

1. Services reduced, denied or terminated was a trend noted this reporting period. This often effected consumer directed attendant care (CDAC) and consumer choice options (CCO) service hours.
2. Problems regarding home and vehicle modifications are also a trend noted this quarter. Members have reported issues with obtaining vehicle and home modifications that enable them to remain independent in their home.
3. Transition services are a trend noted for this quarter. Members and their legal guardians report members are transitioned without a care plan established which fits the needs of the member during the transition.

*[Member's husband] just wanted to let [MCOP] know that [Member's husband] received some awesome news today [Worker] from [MCO] talked to [family member] today and said that everything [Member's husband] asked for had been approved. Wow [Member's husband] can't believe it!! [Member's husband] doesn't know how that happened. [Member's husband] doesn't even know how to express how thankful [Member's husband] and [Member's husband] are. [Member's husband] really doesn't know what to say, but Thank you, Thank you !!
~Husband of Member*

ADDITIONAL MATERIALS

The Managed Care Ombudsman Program maintains a website with information regarding the program's services, informational materials and links to other resources. Electronic versions of communications materials and tools can be found at the Managed Care Ombudsman website. Additionally, *How to Be Your Own Best Advocate: A Guide on How to Navigate Managed Care In Iowa* is a resource for members.



Jessie Parker Building
510 E. 12th Street, Ste. 2
Des Moines, IA 50319
www.iowaaging.gov

866.236.1430

ManagedCareOmbudsman@iowa.gov